



2014 ADDITIONAL IPHIS VARIABLES



Twelve new additional variables have been added to Ohio's IPHIS Database. Each is listed below with the corresponding tab and tips for accurate data entry. Enhanced clarification of a number of key existing variables is also described. These variables are important to an understanding of prenatal health and will assist us in improving health outcomes for women and babies in Ohio.



DEFINITION

IPHIS TAB

TIPS FOR ENTRY

1. Pregnancy/Ultrasound Dating

<ul style="list-style-type: none">The gestational age at which the first ultrasound for the current pregnancy was obtained.	Prenatal	<ul style="list-style-type: none">Use gestational age at time of ultrasound, not gestational age determined by LMP if they are different.<u>Choose one of the following</u> :<ul style="list-style-type: none">Ultrasound BEFORE/ = 20 weeks gestationUltrasound AFTER 20 weeks gestationUnknown OR no ultrasound performed
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2. Previous Cesarean Delivery

<ul style="list-style-type: none">Previous delivery by extracting the fetus, placenta, and membranes through an incision in the mother's abdominal and uterine wallsDo NOT count current pregnancy delivery	Pregnancy Risk Factors	<ul style="list-style-type: none">If the mother has had a previous Cesarean delivery, indicate the number of previous cesarean deliveries she has had.After entering the number of previous C/S deliveries, select different types of C/S from following list:<ul style="list-style-type: none">Prior classical (Vertical Uterine Incision) cesarean sectionPrior low transverse cesarean section (LTCS)Prior uterine rupture or window discovered during previous cesarean section
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3. Intrauterine Growth Restriction (IUGR)

<ul style="list-style-type: none">Fetus with an estimated fetal weight less than the 10th percentile for gestational age as determined by prenatal ultrasound.	Pregnancy Risk Factors	<ul style="list-style-type: none">IUGR is diagnosed before delivery; never after the infant is bornLook for documentation in maternal record of:<ul style="list-style-type: none">Poor fetal growthFetal growth restrictionIUGREstimated fetal weight < 10th percentileFetal abdominal circumference < 10th percentileAbnormal fetal Doppler studies
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4. Renal (Kidney) Disease

<ul style="list-style-type: none">Maternal medical condition that involves her kidneys	Pregnancy Risk Factors	<ul style="list-style-type: none">If the record indicated that the patient has renal disease and high blood pressure the proper choice is listed under hypertensionDo not list Fetal congenital kidney abnormalities hereLook for designation in maternal record of:<ul style="list-style-type: none">Renal disease or Kidney diseaseAcute or chronic renal failure or insufficiencyProteinuria without hypertensionNephrotic syndromeRenal transplantMaternal congenital kidney abnormalities affecting this pregnancy
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5. Cholestasis

<ul style="list-style-type: none">Reversible maternal liver condition of late pregnancy associated with increased bile in the blood stream and intense itching of skin	Pregnancy Risk Factors	<ul style="list-style-type: none">May be associated with increased risk of stillbirth; baby may be delivered in the late preterm period.Look for documentation in maternal record of:<ul style="list-style-type: none">Cholestasis of pregnancyObstetric cholestasisIntrahepatic cholestasis
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6. Blood Group Allo-Immunization

<ul style="list-style-type: none"> Maternal antibody formation that may lead to fetal red blood cell destruction and fetal anemia 	Pregnancy Risk Factors	<ul style="list-style-type: none"> <u>Mark only</u> if a mother has a positive antibody screen not due to Rh immunoglobulin (Rhogam or Rhophylac). Do not mark as positive in a mother recently given Rh immunoglobulin. Look for history of intrauterine transfusion during this pregnancy, suspected fetal anemia, MCA Doppler ultrasound, immune hydrops or anti-D, C, c, E, e, Kell, Kidd or Duffy.
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7. Prior Non-Pregnant Surgery

<ul style="list-style-type: none"> A previous surgery performed outside pregnancy that increases the risk of uterine rupture in current pregnancy 	Pregnancy Risk Factors	<ul style="list-style-type: none"> <u>Does not include</u> uncomplicated D & C or surgical abortion, hysteroscopy or laparoscopy. Look for documentation in maternal record of: <ul style="list-style-type: none"> Prior Myomectomy Prior perforation of uterus during surgery Prior uterine reconstruction Uterine window during prior uterine surgery Prior surgical repair of uterine rupture outside of pregnancy
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8. HIV - Human Immunodeficiency Virus

<ul style="list-style-type: none"> Maternal infection with HIV virus that causes Acquired Immunodeficiency Syndrome (AIDS) 	Pregnancy Infections	<ul style="list-style-type: none"> Look for documentation in maternal record of: <ul style="list-style-type: none"> HIV AIDS Human Immunodeficiency Virus
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9. Progesterone

<ul style="list-style-type: none"> Was progesterone or "progestin" or "progestogen" treatment (in any formulation) prescribed or received after the 1st trimester? 	Pregnancy Progesterone	<ul style="list-style-type: none"> Look for: 17-OHPC, 17-P, 17alpha-hydroxy-progesterone caproate, Makena®, vaginal progesterone suppositories or gel or capsules, Prometrium®, Prochieve®, Crinone®. Was cervical length measured with ultrasound?
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10. Obstetric estimate of gestational age (updated)

<ul style="list-style-type: none"> This estimate of gestation should be in completed weeks and days only and determined by all prenatal factors and assessments such as ultrasound (not the neonatal exam). 	Newborn	<ul style="list-style-type: none"> Enter the obstetric estimate of the infant's gestation in completed weeks in the weeks box and additional completed days in the days box (0 to 6). If only the completed weeks are known or if gestational age given in weeks and a "+" then leave days box blank. If the days box is left blank, record only the number of fully completed weeks. DO NOT ROUND UP OR DOWN.
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11. Exclusive breast milk feeding through entire stay

<ul style="list-style-type: none"> Is the infant being exclusively breast fed or receiving human milk throughout entire hospital stay? Breast fed is the action of breast feeding or pumping (or expressing) human milk. 	Newborn	<ul style="list-style-type: none"> If the reply to the initial question "Is infant being breast fed at discharge" is YES, then move on to the new question/variable regarding whether or not breast milk is used <u>exclusively</u>. If the infant IS receiving breast milk, is he or she being <u>exclusively</u> breastfed with <u>no</u> infant formula supplementation.
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12. Critical Congenital Heart Disease Screening/Pulse Oximetry

<ul style="list-style-type: none"> Has the infant been screened for a critical congenital heart defect, through the use of a physiologic test prior to discharge? 	CCHD Tab	<ul style="list-style-type: none"> Look in the newborn record for results of pulse oximetry reading. Only nationally recommended screening methods that detect critical congenital heart defects at least as accurately as pulse oximetry may be used.
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Clarification of Key Existing Variables

The following variables are not new to IPHIS, but have been further clarified:

- Further clarification for **Risk Factors e.) hypertension, gestational**:
 - Changed to: e.) hypertension, gestational (**include pre-eclampsia**)
- Further clarification for **Risk Factors o.) hydramnios/oligohydramnios**
 - Changed verbiage to: o.) polyhydramnios (**excessive** amniotic fluid)/oligohydramnios (**reduced** amniotic fluid)
- The unknown option has been **removed**:
 - on the **Pregnancy tab** from Risk, Infections and Obstetric Procedures sections,
 - on **Labor & Delivery tab** from Characteristics of Labor and Delivery section and Maternal Morbidity section
 - and on the **Newborn tab** from Abnormal Conditions and Congenital Anomalies sections

